

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Casperson for Congress

ADDRESS (number and street)

P.O. Box 499

Check if different
than previously
reported. (ACC)

Escanaba

MI

49829

2. FEC IDENTIFICATION NUMBER ▼

C

C00435420

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MI

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

01

Y Y Y Y

2016

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Judi Skradski

Signature of Treasurer

Ms. Judi Skradski

[Electronically Filed]

Date

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

PAGE 2 / 108

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Casperson for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	102070.00	345608.40
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	102070.00	345608.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	170353.50	229365.91
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	47.75
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	170353.50	229318.16
8. Cash on Hand at Close of Reporting Period (from Line 27).....	136769.63	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	43000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 108

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Casperson for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

62775.00

253069.41

(ii) Unitemized.....

14295.00

33392.99

(iii) TOTAL of contributions from individuals ▶

77070.00

286462.40

(b) Political Party Committees.....

0.00

5400.00

(c) Other Political Committees (such as PACs).....

25000.00

53746.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

102070.00

345608.40

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

20000.00

28000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

20000.00

28000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

47.75

15. OTHER RECEIPTS (Dividends, Interest, etc.)

61.94

112.79

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

122131.94

373768.94

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 108

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	170353.50	229365.91
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	8000.00	8000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	8000.00	8000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	178353.50	237365.91

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	192991.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	122131.94
25. SUBTOTAL (add Line 23 and Line 24).....	315123.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	178353.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	136769.63

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Gene Arntsen

Mailing Address 2152 Orhcard St

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Birds Eye CreationsOccupation
Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2016

Transaction ID : SA11AI.9919

Amount of Each Receipt this Period

200.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Stanley Atanasoff

Mailing Address 156 Sunset Shores Rd

City

Iron River

State

MI

Zip Code

49935

FEC ID number of contributing
federal political committee.

C

Name of Employer
Krist OilOccupation
President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2016

Transaction ID : SA11AI.9973

Amount of Each Receipt this Period

1500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Mr. Steven Autore

Mailing Address P.O. Box 335

City

Cedarville

State

MI

Zip Code

49719

FEC ID number of contributing
federal political committee.

C

Name of Employer
Autore Oil CompanyOccupation
Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2016

Transaction ID : SA11AI.9557

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1800.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

Daniel Balkema

Mailing Address 6580 East ML Ave

City

Kalamazoo

State

MI

Zip Code

49048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Balkema ExcavatingOccupation
Contractor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2016

Transaction ID : SA11AI.9681

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

James R Barker

Mailing Address 180 Long Neck Point

City

Darien

State

CT

Zip Code

06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Interlake Steamship CoOccupation
President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11AI.10061

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Dr. James Boes

Mailing Address 500 Lake shore Drive

City

Escanaba

State

MI

Zip Code

49829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boes, JamesOccupation
Doctor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		02		2016

Transaction ID : SA11AI.9350

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

Joseph Bondra

Mailing Address 12145 Seymour Rd

City

Gaines

State

MI

Zip Code

48436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Aquatic Managers Asso

Occupation

Officer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		19		2016

Transaction ID : SA11AI.9575

Amount of Each Receipt this Period

150.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Tammy Borden

Mailing Address 190 Mary Lou Dr

City

Hastings

State

MI

Zip Code

49058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Self

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11AI.10055

Amount of Each Receipt this Period

2700.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Scott Brew

Mailing Address 2000 Lake Dr SE

City

East Grand Rapids

State

MI

Zip Code

49506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adtegrity

Occupation

Executive

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2016

Transaction ID : SA11AI.10105

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution
SUBTOTAL of Receipts This Page (optional).....

3350.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 108
 (check only one)
☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

A. Full Name (Last, First, Middle Initial) Timothy Brian			Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2016	
Mailing Address 9659 Echo Valley Dr			Transaction ID : SA11AI.9975	
City	State	Zip Code	Amount of Each Receipt this Period 1000.00	
Traverse City	MI	49685	<input type="checkbox"/> Memo Item Contribution	
FEC ID number of contributing federal political committee.		C		
Name of Employer Smeltzer Orchard Company		Occupation President		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

B. Full Name (Last, First, Middle Initial) Renee P Brogger			Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2016	
Mailing Address 151 Chloe Ct			Transaction ID : SA11AI.10140	
City	State	Zip Code	Amount of Each Receipt this Period 2000.00	
Lowell	MI	49331	<input type="checkbox"/> Memo Item Contribution	
FEC ID number of contributing federal political committee.		C		
Name of Employer Sargnac Community Schools		Occupation Teacher		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2000.00		

C. Full Name (Last, First, Middle Initial) Aaron Burmeister			Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2016	
Mailing Address N6760 French Rd			Transaction ID : SA11AI.9518	
City	State	Zip Code	Amount of Each Receipt this Period 200.00	
Seymour	WI	54165	<input type="checkbox"/> Memo Item Contribution	
FEC ID number of contributing federal political committee.		C		
Name of Employer Self Employed		Occupation Logger		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	3200.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

Kara Butters

Mailing Address 1391 W Howell Rd

City

Mason

State

MI

Zip Code

48854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Butters' Bakery

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.10123

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Mr. James Carey

Mailing Address N12855 Newberg Rd.

City

Channing

State

MI

Zip Code

49815

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carey, James

Occupation

Logger-Self Employed

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2016

Transaction ID : SA11AI.9512

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Stephen E Carey

Mailing Address 1411 Russell Road

City

Alexandria

State

VA

Zip Code

22301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Potomac Consulting Group

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.10165

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution
SUBTOTAL of Receipts This Page (optional).....

1750.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

William Carmody

A.

Mailing Address PO Box 478

City

Munising

State

MI

Zip Code

49862

FEC ID number of contributing
federal political committee.

C

Name of Employer

Schoolcraft County

Occupation

Circuit Judge

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2016

Transaction ID : SA11AI.9700

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Roger Charbonneau

B.

Mailing Address 6343 F Rd

City

Bark River

State

MI

Zip Code

49807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sagepoint Financial

Occupation

CPA/ Financial Advisor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2016

Transaction ID : SA11AI.9410

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Ms. Laura Coleman

C.

Mailing Address 60 Tipperary Rd.

City

Gladstone

State

MI

Zip Code

49837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay de Noc Community College

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2016

Transaction ID : SA11AI.10024

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Mr. Del Compton

Mailing Address 608 Brule Rd.

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		19		2016

Transaction ID : SA11AI.9572

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Mr. Del Compton

Mailing Address 608 Brule Rd.

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2016

Transaction ID : SA11AI.9914

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Jim Cordray

Mailing Address 735 Fruitvale Rd.

City

Montague

State

MI

Zip Code

49437

FEC ID number of contributing
federal political committee.

C

Name of Employer

White River RV Park/Campground

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2016

Transaction ID : SA11AI.9495

Amount of Each Receipt this Period

1500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1850.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Roger Crimmins

Mailing Address 422 E Michigan St

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

A Lindberg & Sons

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1150.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2016

Transaction ID : SA11AI.9440

Amount of Each Receipt this Period

150.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Michael B Davison

Mailing Address 300 Partridge Bay

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Real Estate

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2016

Transaction ID : SA11AI.9489

Amount of Each Receipt this Period

1500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Mr. Charles Dillon

Mailing Address 2666 Dillon Dr.

City

Republic

State

MI

Zip Code

49879

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dillon Logging

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2016

Transaction ID : SA11AI.9513

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2150.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

Stephen Dupas

Mailing Address 24 Specker Cir

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2016

Transaction ID : SA11AI.9435

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Stephen Dupas

Mailing Address 24 Specker Cir

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		13		2016

Transaction ID : SA11AI.9904

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Bruce Enstrom

Mailing Address 1406 39th Ave

City

Menominee

State

MI

Zip Code

49858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Norco Equipment LLC

Occupation

Vice President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2016

Transaction ID : SA11AI.9553

Amount of Each Receipt this Period

200.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Scott Everett

Mailing Address 982 Harper Rd

City

Mason

State

MI

Zip Code

48854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mason Township

Occupation

Treasurer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11AI.10057

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Mr. Tony Fittante

Mailing Address 701 Bay Street

City

Escanaba

State

MI

Zip Code

49829

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2016

Transaction ID : SA11AI.9501

Amount of Each Receipt this Period

75.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. M. Sean Fosmire

Mailing Address 112 Surrey Ln

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Garan Lucow Miller PC

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2016

Transaction ID : SA11AI.9714

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1325.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

Dr. John Michael Garrett

Mailing Address 1301 S. Carpenter Ave.,

City

Iron Mountain

State

MI

Zip Code

49801

FEC ID number of contributing
federal political committee.

C

Name of Employer

John Michael Garrett, M.D.

Occupation

Doctor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		04		2016

Transaction ID : SA11AI.9750

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Robert E Goebel Jr

Mailing Address 10571 U 25 Rd

City

Rapid River

State

MI

Zip Code

49878

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delta County

Occupation

Probate Judge

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2016

Transaction ID : SA11AI.9667

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Ted Greene

Mailing Address 277 Crystal Drive

City

Frankfort

State

CA

Zip Code

49635

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		24		2016

Transaction ID : SA11AI.10025

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

Robert Hohn

Mailing Address 5610 N River Rd

City

Freeland

State

MI

Zip Code

48623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Paxson Oil Co

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2016

Transaction ID : SA11AI.9744

Amount of Each Receipt this Period

150.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Mr. David Holli

Mailing Address P.O. Box 117

City

Ishpeming

State

MI

Zip Code

49849

FEC ID number of contributing
federal political committee.

C

Name of Employer

Holli forest Products

Occupation

Forrester

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		13		2016

Transaction ID : SA11AI.9900

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Mr. David Holli

Mailing Address P.O. Box 117

City

Ishpeming

State

MI

Zip Code

49849

FEC ID number of contributing
federal political committee.

C

Name of Employer

Holli forest Products

Occupation

Forrester

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2016

Transaction ID : SA11AI.9908

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

300.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

J.C. Huizenga

Mailing Address 3755 36th St SE Ste 100

City

Grand Rapids

State

MI

Zip Code

49512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Huizenga Group

Occupation

Executive

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.10133

Amount of Each Receipt this Period

2700.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Mr. Herbert Iverson

Mailing Address 7508 Club House Drive

City

Gladstone

State

MI

Zip Code

49837

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iverson Home Center

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2016

Transaction ID : SA11AI.9544

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Dr. Scott Jamieson

Mailing Address 1029 Lincoln St.

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Scott Jamieson

Occupation

Dentist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2016

Transaction ID : SA11AI.9439

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4200.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 108

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Gregory A Johnson

Mailing Address 91 N Basin Dr

City

Negaunee

State

MI

Zip Code

49866

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bear Mountain LLC

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11AI.10058

Amount of Each Receipt this Period

300.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Carl Kasischke

Mailing Address PO Box 26

City

Arnold

State

MI

Zip Code

49819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2016

Transaction ID : SA11AI.9552

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Carl Kasischke

Mailing Address PO Box 26

City

Arnold

State

MI

Zip Code

49819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		03		2016

Transaction ID : SA11AI.9872

Amount of Each Receipt this Period

50.00

☐ Memo Item
Contribution
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

400.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 108

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

Thomas Klimek

Mailing Address 3480 Bay Highlands Dr

City

Green Bay

State

WI

Zip Code

54311

FEC ID number of contributing
federal political committee.

C

Name of Employer

E & LS Railroad

Occupation

VP Government Affairs

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2016

Transaction ID : SA11AI.9413

Amount of Each Receipt this Period

400.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Thomas Klimek

Mailing Address 3480 Bay Highlands Dr

City

Green Bay

State

WI

Zip Code

54311

FEC ID number of contributing
federal political committee.

C

Name of Employer

E & LS Railroad

Occupation

VP Government Affairs

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2016

Transaction ID : SA11AI.10035

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

John Larkin

Mailing Address 1 Larkin Plz

City

Wells

State

MI

Zip Code

49894

FEC ID number of contributing
federal political committee.

C

Name of Employer

E & LS Railroad

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2016

Transaction ID : SA11AI.9412

Amount of Each Receipt this Period

400.00

☐ Memo Item
Contribution
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1300.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

John Larkin

A.

Mailing Address 1 Larkin Plz

City

Wells

State

MI

Zip Code

49894

FEC ID number of contributing
federal political committee.

C

Name of Employer

E & LS Railroad

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2016

Transaction ID : SA11AI.10036

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Thomas Legalley

B.

Mailing Address 1 Marquette Dr

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardiology Associates

Occupation

Doctor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		14		2016

Transaction ID : SA11AI.9531

Amount of Each Receipt this Period

200.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Ralph Livingston

C.

Mailing Address 15036 33rd Rd

City

Wetmore

State

MI

Zip Code

49895

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2016

Transaction ID : SA11AI.9925

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 21 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

Mr. John Marshall

Mailing Address 19 Middle Island Point Rd.

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marshall, John

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2016

Transaction ID : SA11Al.9485

Amount of Each Receipt this Period

200.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Rory J Mattson

Mailing Address 5597 Portage Point 11.4 Ln

City

Escanaba

State

MI

Zip Code

49829

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delta Conservation District

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11Al.10149

Amount of Each Receipt this Period

2000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Michael P Meyers

Mailing Address 217 E Nelson Ave

City

Alexandria

State

VA

Zip Code

22301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Target Point

Occupation

Partner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11Al.10069

Amount of Each Receipt this Period

300.00

☐ Memo Item
Contribution
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Mr. Thomas Mitchell

Mailing Address 8375 S. Lakeside T-5 Rd.

City

Rapid River

State

MI

Zip Code

49878

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Michigan Bank

Occupation

Loan Officer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		03		2016

Transaction ID : SA11AI.9866

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Mrs. Patti Moskwa

Mailing Address P.O. Box 904

City

Mackinac Island

State

MI

Zip Code

49757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horns Bar

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2016

Transaction ID : SA11AI.9563

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Andy Moyle

Mailing Address 47337 Obenhoff Acres Rd

City

Atlantic Mine

State

MI

Zip Code

49905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moyle Real Estate

Occupation

Real Estate Developer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.10120

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 23 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

Mrs. Christine Myers

Mailing Address N6581 Pit Dr

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		07		2016

Transaction ID : SA11AI.9893

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF HOME BUILDERS

Mailing Address 1201 15TH ST NW

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C30001366

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		19		2016

Transaction ID : SA11AI.9599

Amount of Each Receipt this Period

2500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION RURAL BROADBAND PAC

Mailing Address 4121 WILSON BLVD.
10TH FLOOR

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C C00004473

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2016

Transaction ID : SA11AI.9566

Amount of Each Receipt this Period

1500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 24 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Susan Nelson

Mailing Address 4217 River Road NW

City

Washington

State

DC

Zip Code

20027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Navigators Global

Occupation

Lobbyist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.10122

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. William Nordeen

Mailing Address PO Box 513

City

Gwinn

State

MI

Zip Code

49841

FEC ID number of contributing
federal political committee.

C

Name of Employer

O'Dea, Nordeen & Bruink PC

Occupation

Lawyer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		18		2016

Transaction ID : SA11AI.9963

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Dr. Donald Nyquist

Mailing Address E4807 Hwy. M35

City

Escanaba

State

MI

Zip Code

49829

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Donald Nyquist

Occupation

Dentist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11AI.10053

Amount of Each Receipt this Period

300.00

☐ Memo Item
Contribution
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

900.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

Hind M Oram

Mailing Address 3294 Wards Point

City

Orchard Lake

State

MI

Zip Code

48324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dwellings UnlimitedOccupation
Real Estate

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		10		2016

Transaction ID : SA11AI.9766

Amount of Each Receipt this Period

2700.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Mansour Oram

Mailing Address 3294 Wards Point

City

Orchard Lake Village

State

MI

Zip Code

48324

FEC ID number of contributing
federal political committee.

C

Name of Employer
StudentOccupation
Student

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		10		2016

Transaction ID : SA11AI.9768

Amount of Each Receipt this Period

2300.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Peter Palm

Mailing Address 156 E Cloverland Dr

City

Ironwood

State

MI

Zip Code

49938

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palm's Enterprises IncOccupation
Contractor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		06		2016

Transaction ID : SA11AI.9370

Amount of Each Receipt this Period

300.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5300.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 26 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

Nicholas J Paradiso III

A.

Mailing Address 1755 Secretariat Dr SE

City

Grand Rapids

State

MI

Zip Code

49546

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Heritage Academies

Occupation

VP Gov Relations

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.10131

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Barbara Parfet

B.

Mailing Address 15570 Norhtwood Lane

City

Hickory Corners

State

MI

Zip Code

49060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2016

Transaction ID : SA11AI.10041

Amount of Each Receipt this Period

2700.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

William Parfet

C.

Mailing Address 15570 Northwoods Lane

City

Hickory Corners

State

MI

Zip Code

49060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		27		2016

Transaction ID : SA11AI.10039

Amount of Each Receipt this Period

2700.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5650.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 27 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

Mr. John Pillote

Mailing Address HCR 1, Box 886

City

Michigamme

State

MI

Zip Code

49861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2016

Transaction ID : SA11AI.9728

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Daniel L Pohl

Mailing Address PO Box 299

City

Westphalia

State

MI

Zip Code

48894

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pohl Oil Co

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2016

Transaction ID : SA11AI.9558

Amount of Each Receipt this Period

300.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Laurie Purpuro

Mailing Address 503 Summers Ct

City

Alexandria

State

VA

Zip Code

22301

FEC ID number of contributing
federal political committee.

C

Name of Employer

K&L Gates

Occupation

Govt Affairs Advisor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2016

Transaction ID : SA11AI.10010

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1550.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 28 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

Mr. Vincent Rose

Mailing Address 100 Dandelion Lane

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employee Benefit AgencyOccupation
President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2016

Transaction ID : SA11Al.9438

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Mr. Vincent Rose

Mailing Address 100 Dandelion Lane

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Employee Benefit AgencyOccupation
President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11Al.10082

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Mark Ruge

Mailing Address 8756 N Greenvale Rd

City

Bayside

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
K&L GatesOccupation
Partner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11Al.10063

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 29 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

Philip E Ruppe

Mailing Address 240 Tangier Ave

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11AI.10073

Amount of Each Receipt this Period

2000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Henry Schienebeck

Mailing Address 12041 St Hwy 13

City

Butternut

State

WI

Zip Code

54514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Great Lakes Timber Prof Assoc

Occupation

Executive Director

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

650.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2016

Transaction ID : SA11AI.9511

Amount of Each Receipt this Period

150.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Jesse C Schramm

Mailing Address PO Box 751

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Contractor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2016

Transaction ID : SA11AI.9694

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2650.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 30 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

Kurt Shea

Mailing Address 3323 W B Ave

City

Plainwell

State

MI

Zip Code

49080

FEC ID number of contributing
federal political committee.

C

Name of Employer

PK Contracting, Inc

Occupation

Pavement Marking

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11AI.10111

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Kent Smith

Mailing Address PO Box 20

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Pointe/Eagle

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2016

Transaction ID : SA11AI.9444

Amount of Each Receipt this Period

150.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Charles R Spies

Mailing Address 7406 Park Terrace Dr

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clark Hill PLC

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11AI.10067

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 31 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Lynn R Swadley

Mailing Address 135 Hidden Springs Dr

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sunrise Builders

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1150.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		19		2016

Transaction ID : SA11AI.9571

Amount of Each Receipt this Period

150.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Stephen Swentik

Mailing Address 710 Hennepin Rd

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eagle Mine LLC

Occupation

Manager

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		13		2016

Transaction ID : SA11AI.9899

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Thomas Swick

Mailing Address 1040 Vistanna Dr

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Swick Media

Occupation

Media Services

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		03		2016

Transaction ID : SA11AI.9351

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 32 OF 108

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Brian T Swift

Mailing Address 317 Sterling Dr

City

Benbrook

State

TX

Zip Code

76126

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tarrant County Medical Society

Occupation

President/CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		26		2016

Transaction ID : SA11AI.9692

Amount of Each Receipt this Period

100.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Ms. Doreen Takalo

Mailing Address P.O. Box 79

City

Skandia

State

MI

Zip Code

49885

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Branch Township

Occupation

Clerk

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2016

Transaction ID : SA11AI.9437

Amount of Each Receipt this Period

150.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Ms. Doreen Takalo

Mailing Address P.O. Box 79

City

Skandia

State

MI

Zip Code

49885

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Branch Township

Occupation

Clerk

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		16		2016

Transaction ID : SA11AI.9906

Amount of Each Receipt this Period

200.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

450.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Patrcik Tiedt

Mailing Address 9859 River Rd

City

Evert

State

MI

Zip Code

49631

FEC ID number of contributing
federal political committee.

C

Name of Employer

State of Michigan

Occupation

Legislative Aide

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.10146

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Sherry Varum

Mailing Address 6815 W US Hwy 2

City

Manistique

State

MI

Zip Code

49854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2016

Transaction ID : SA11AI.9722

Amount of Each Receipt this Period

200.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. William Verrette

Mailing Address PO Box 490

City

Iron Mountain

State

MI

Zip Code

49801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Champion Inc.

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3200.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2016

Transaction ID : SA11AI.9568

Amount of Each Receipt this Period

2700.00

☐ Memo Item
Contribution
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3150.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

Thomas A Wagenmaker**A.**

Mailing Address 3000 Shorecrest Dr

City

Pierson

State

MI

Zip Code

49339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anlaan ConstructionOccupation
Construction

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11AI.10135

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

James H Weakley**B.**

Mailing Address 3995 Haverford PL

City

Avon

State

OH

Zip Code

44011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Carriers AssociationOccupation
President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11AI.10065

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Karl A Weber**C.**

Mailing Address 347 E Ridge St

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Lawyer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2016

Transaction ID : SA11AI.9441

Amount of Each Receipt this Period

150.00

☐ Memo Item
Contribution
SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

900.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

Robert J Wilson

Mailing Address 200 Birch Ridge Dr

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		11		2016

Transaction ID : SA11AI.9442

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

James E Zellar

Mailing Address 2931 N River Rd

City

Gulliver

State

MI

Zip Code

49840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Zellar Excavating & Sons Inc

Occupation

Logger

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		22		2016

Transaction ID : SA11AI.9608

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Jack Ziminski

Mailing Address 33N Cty Rd 441

City

Manistique

State

MI

Zip Code

49854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jack's Foods

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		22		2016

Transaction ID : SA11AI.9604

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

Jefrey T Ziminski

Mailing Address 1011 Mallard Way

City

Marinette

State

WI

Zip Code

54143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jacks Fresh Market

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		02		2016

Transaction ID : SA11Al.9602

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

62775.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

CLIFFS NATURAL RESOURCES INC. POLITICAL ACTION COMMITTEE (CLIFFSPAC)

A.

Mailing Address 200 PUBLIC SQUARE
SUITE 3300

City State Zip Code
CLEVELAND, OH 44114

FEC ID number of contributing
federal political committee.

C C00039016

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11C.10143

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Fund for a Republican Majority FARM

Mailing Address 5420 Beckley Road #236

City State Zip Code
Battle Creek MI 49015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		10		2016

Transaction ID : SA11C.9770

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. HARDWOOD FEDERATION-PAC INC

Mailing Address 1101 K STREET NW
SUITE 700

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C00396671

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2016

Transaction ID : SA11C.9519

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

HUIZENGA FOR CONGRESS

Mailing Address PO BOX 254

City

ZEELAND

State

MI

Zip Code

49464

FEC ID number of contributing
federal political committee.

C C00459297

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11C.10151

Amount of Each Receipt this Period

2000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP

Mailing Address 20 F STREET, NW SUITE 610

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00022343

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2016

Transaction ID : SA11C.10080

Amount of Each Receipt this Period

2500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

LABORERS' INTERNATIONAL UNION OF NORTH AMERICA (LIUNA) PAC

Mailing Address 905 16TH ST., N.W.

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C C00007922

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11C.10144

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

9500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Casperson for Congress

Full Name (Last, First, Middle Initial)
 MICHIGAN INFRASTRUCTURE AND TRANSPORTATION ASSOCIATION FEDERAL PAC

Mailing Address PO BOX 1640

City State Zip Code
 OKEMOS MI 48805

FEC ID number of contributing
federal political committee.

C C00414235

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
 06 30 2016

Transaction ID : SA11C.10137

Amount of Each Receipt this Period

500.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)
 MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE (MORPAC)

Mailing Address 1919 M STREET, NW
 5TH FLOOR

City State Zip Code
 WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C C00004812

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 06 30 2016

Transaction ID : SA11C.10159

Amount of Each Receipt this Period

2000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF HOME BUILDERS

Mailing Address 1201 15TH ST NW

City State Zip Code
 WASHINGTON DC 20005

FEC ID number of contributing
federal political committee.

C C30001366

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
 06 30 2016

Transaction ID : SA11C.10172

Amount of Each Receipt this Period

2500.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC

Mailing Address 3601 VINCENNES ROAD

PO BOX 68700

City

INDIANAPOLIS

State

IN

Zip Code

46268

FEC ID number of contributing
federal political committee.

C C00170258

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2016

Transaction ID : SA11C.10163

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

OUTDOOR ADVERTISING ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1850 M STREET, N.W.

SUITE 1040

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C C00045781

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		22		2016

Transaction ID : SA11C.9978

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

POLARIS POLITICAL ACTION COMMITTEE

Mailing Address 2100 HIGHWAY 55

City

MEDINA

State

MN

Zip Code

55340

FEC ID number of contributing
federal political committee.

C C00279497

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		10		2016

Transaction ID : SA11C.9764

Amount of Each Receipt this Period

1000.00

☐ Memo Item
Contribution

SUBTOTAL of Receipts This Page (optional).....

3000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

UPPER HAND FUND**A.**

Mailing Address PO BOX 2485

City

SPRINGFIELD

State

VA

Zip Code

22152

FEC ID number of contributing
federal political committee.**C** C00503151

Name of Employer

Occupation

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2016

Transaction ID : SA11C.10161

Amount of Each Receipt this Period

5000.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....

5000.00

TOTAL This Period (last page this line number only).....

25000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Casperperson for Congress

Full Name (Last, First, Middle Initial)

THOMAS A CASPERSON

Mailing Address 4305 US 2-41

City

ESCANABA

State

MI

Zip Code

49829

FEC ID number of contributing
federal political committee.

C H8MI01107

Name of Employer

State of Michigan

Occupation

State Senator

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

28000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2016

Transaction ID : SA13A.10170

Amount of Each Receipt this Period

20000.00

☐ Memo Item
☐ Loan to Campaign

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

20000.00

20000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Advanta Print

Mailing Address 407 Carpenter Ave

City	State	Zip Code
Iron Mountain	MI	49801

Purpose of Disbursement
Printed Envelopes

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2016

Amount of Each Disbursement this Period

480.18

☐ Memo Item**Transaction ID : SB17.9614****B. Advanta Print**

Mailing Address 407 Carpenter Ave

City	State	Zip Code
Iron Mountain	MI	49801

Purpose of Disbursement
Business Cards/Printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

58.30

☐ Memo Item**Transaction ID : SB17.9859****C. Anedot**Mailing Address 5555 Hilton Ave
Ste 106

City	State	Zip Code
Baton Rouge	LA	70808

Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2016

Amount of Each Disbursement this Period

6.15

☐ Memo Item**Transaction ID : SB17.9359****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

544.63

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2016

Amount of Each Disbursement this Period

39.30

☐ Memo Item**Transaction ID : SB17.9360****B. Anedot**Mailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2016

Amount of Each Disbursement this Period

39.30

☐ Memo Item**Transaction ID : SB17.9361****C. Anedot**Mailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2016

Amount of Each Disbursement this Period

4.20

☐ Memo Item**Transaction ID : SB17.9362****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

82.80

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave
Ste 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2016

Amount of Each Disbursement this Period

2.25

☐ Memo Item

Transaction ID : SB17.9363

B. AnedotMailing Address 5555 Hilton Ave
Ste 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		05		2016

Amount of Each Disbursement this Period

2.25

☐ Memo Item

Transaction ID : SB17.9364

C. AnedotMailing Address 5555 Hilton Ave
Ste 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		11		2016

Amount of Each Disbursement this Period

4.20

☐ Memo Item

Transaction ID : SB17.9483

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

8.70

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	13	2016

Amount of Each Disbursement this Period

8.10

☐ Memo Item**Transaction ID : SB17.9484****B. Anedot**Mailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	18	2016

Amount of Each Disbursement this Period

105.60

☐ Memo Item**Transaction ID : SB17.9570****C. Anedot**Mailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
04	24	2016

Amount of Each Disbursement this Period

2.25

☐ Memo Item**Transaction ID : SB17.9654****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

115.95

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2016

Amount of Each Disbursement this Period

4.20

☐ Memo Item**Transaction ID : SB17.9749****B. Anedot**Mailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2016

Amount of Each Disbursement this Period

19.80

☐ Memo Item**Transaction ID : SB17.9752****C. Anedot**Mailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2016

Amount of Each Disbursement this Period

2.25

☐ Memo Item**Transaction ID : SB17.9753****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

26.25

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		17		2016

Amount of Each Disbursement this Period

4.20

☐ Memo Item**Transaction ID : SB17.9821****B. Anedot**Mailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2016

Amount of Each Disbursement this Period

1.27

☐ Memo Item**Transaction ID : SB17.9822****C. Anedot**Mailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2016

Amount of Each Disbursement this Period

1.27

☐ Memo Item**Transaction ID : SB17.9823****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6.74

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

1.47

☐ Memo Item

Transaction ID : SB17.9865

B. AnedotMailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

Amount of Each Disbursement this Period

1.27

☐ Memo Item

Transaction ID : SB17.9878

C. AnedotMailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

3.22

☐ Memo Item

Transaction ID : SB17.9941

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

5.96

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2016

Amount of Each Disbursement this Period

4.20

☐ Memo Item

Transaction ID : SB17.9964

B. AnedotMailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

Amount of Each Disbursement this Period

10.05

☐ Memo Item

Transaction ID : SB17.10027

C. AnedotMailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

Amount of Each Disbursement this Period

3.22

☐ Memo Item

Transaction ID : SB17.10028

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

17.47

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave
Ste 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

Amount of Each Disbursement this Period

2.25

☐ Memo Item

Transaction ID : SB17.10029

B. AnedotMailing Address 5555 Hilton Ave
Ste 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

Amount of Each Disbursement this Period

4.20

☐ Memo Item

Transaction ID : SB17.10030

C. AnedotMailing Address 5555 Hilton Ave
Ste 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

Amount of Each Disbursement this Period

4.20

☐ Memo Item

Transaction ID : SB17.10031

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10.65

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2016

Amount of Each Disbursement this Period

4.20

☐ Memo Item

Transaction ID : SB17.10032

B. AnedotMailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2016

Amount of Each Disbursement this Period

10.05

☐ Memo Item

Transaction ID : SB17.10033

C. AnedotMailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2016

Amount of Each Disbursement this Period

39.30

☐ Memo Item

Transaction ID : SB17.10034

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

53.55

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2016

Amount of Each Disbursement this Period

19.80

☐ Memo Item

Transaction ID : SB17.10093

B. AnedotMailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2016

Amount of Each Disbursement this Period

2.25

☐ Memo Item

Transaction ID : SB17.10094

C. AnedotMailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2016

Amount of Each Disbursement this Period

1.27

☐ Memo Item

Transaction ID : SB17.10095

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

23.32

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2016

Amount of Each Disbursement this Period

4.20

☐ Memo Item

Transaction ID : SB17.10096

B. AnedotMailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2016

Amount of Each Disbursement this Period

19.80

☐ Memo Item

Transaction ID : SB17.10097

C. AnedotMailing Address 5555 Hilton Ave
Ste 106City State Zip Code
Baton Rouge LA 70808Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2016

Amount of Each Disbursement this Period

6.15

☐ Memo Item

Transaction ID : SB17.10099

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

30.15

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. AnedotMailing Address 5555 Hilton Ave
Ste 106

City Baton Rouge State LA Zip Code 70808

Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

Amount of Each Disbursement this Period

7	1	0	0	5
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☐ Memo Item

Transaction ID : SB17.10148

B. AVE Fundraising & Consulting

Mailing Address 1024 Lake Drive SE Apt 3

City Grand Rapids State MI Zip Code 49506

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2016

Amount of Each Disbursement this Period

3	3	8	7	0	0
---	---	---	---	---	---

☐ Memo Item

Transaction ID : SB17.9955

c. Cardmember Services

Mailing Address PO Box 790408

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

3	7	9	1	0	6
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☐ Memo Item

Transaction ID : SB17.9621

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7188.11

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Insty Prints Downtown

Mailing Address 209 S. Washington Square

City	State	Zip Code
Lansing	MI	48933

Purpose of Disbursement
Fundraising Invites/Envelopes

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

615.70

☒ Memo Item

Transaction ID : SB17.9621.2

B. Lansing Post Office Downtown

Mailing Address 315 W Allegan St

City	State	Zip Code
Lansing	MI	48933

Purpose of Disbursement
Postage Mailings

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

245.00

☒ Memo Item

Transaction ID : SB17.9621.3

c. Hyatt Arlington

Mailing Address 1325 Wilson Blvd

City	State	Zip Code
Arlington	VA	22209

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

800.38

☒ Memo Item

Transaction ID : SB17.9621.6

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Holiday Inn Express Gaylord

Mailing Address 1201 West Main Street

City	State	Zip Code
Gaylord	MI	49735

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

132.09

☒ Memo Item

Transaction ID : SB17.9621.13

B. Insty Prints Downtown

Mailing Address 209 S. Washington Square

City	State	Zip Code
Lansing	MI	48933

Purpose of Disbursement
Fundraising Invites/Envelopes/Printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

349.26

☒ Memo Item

Transaction ID : SB17.9621.14

c. Insty Prints Downtown

Mailing Address 209 S. Washington Square

City	State	Zip Code
Lansing	MI	48933

Purpose of Disbursement
Office Badges

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

37.06

☒ Memo Item

Transaction ID : SB17.9621.15

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Insty Prints Downtown

Mailing Address 209 S. Washington Square

City	State	Zip Code
Lansing	MI	48933

Purpose of Disbursement
Fundraising Invites/Envelopes

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

460.19

☒ Memo Item

Transaction ID : SB17.9621.16

B. Insty Prints Downtown

Mailing Address 209 S. Washington Square

City	State	Zip Code
Lansing	MI	48933

Purpose of Disbursement
Fundraising Invites

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

242.74

☒ Memo Item

Transaction ID : SB17.9621.17

C. Cambria Hotel & Suites Traverse City

Mailing Address 255 Munson Ave

City	State	Zip Code
Traverse City	MI	49686

Purpose of Disbursement
Lodging

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

199.79

☒ Memo Item

Transaction ID : SB17.9621.19

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Cardmember Services

Mailing Address PO Box 790408

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2016

City	State	Zip Code
St. Louis	MO	63179

Amount of Each Disbursement this Period

137.32

Purpose of Disbursement
Logo ShirtsCategory/
Type☐ Memo Item

Transaction ID : SB17.9746

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Cardmember Services

Mailing Address PO Box 790408

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2016

City	State	Zip Code
St. Louis	MO	63179

Amount of Each Disbursement this Period

1259.97

Purpose of Disbursement
Visa PaymentCategory/
Type☐ Memo Item

Transaction ID : SB17.9833

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

c. SpringHill Suites by Marriott

Mailing Address 111 S Marketplace Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2016

City	State	Zip Code
Lansing	MI	48917

Amount of Each Disbursement this Period

124.26

Purpose of Disbursement
LodgingCategory/
Type☒ Memo Item

Transaction ID : SB17.9833.12

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1397.29

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Cardmember Services

Mailing Address PO Box 790408

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2016

City	State	Zip Code
St. Louis	MO	63179

Amount of Each Disbursement this Period

338.90

Purpose of Disbursement
Visa ReimbursementCategory/
Type☐ Memo Item

Transaction ID : SB17.9957

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Cardmember Services

Mailing Address PO Box 790408

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

City	State	Zip Code
St. Louis	MO	63179

Amount of Each Disbursement this Period

1596.64

Purpose of Disbursement
Credit Card PaymentCategory/
Type☐ Memo Item

Transaction ID : SB17.9987

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Insty Prints Downtown

Mailing Address 209 S. Washington Square

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

City	State	Zip Code
Lansing	MI	48933

Amount of Each Disbursement this Period

47.17

Purpose of Disbursement
Invite printingCategory/
Type☒ Memo Item

Transaction ID : SB17.9987.1

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1935.54

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Insty Prints Downtown

Mailing Address 209 S. Washington Square

City	State	Zip Code
Lansing	MI	48933

Purpose of Disbursement
Invites Printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

135.84

☒ Memo Item

Transaction ID : SB17.9987.5

B. Advanta Print

Mailing Address 407 Carpenter Ave

City	State	Zip Code
Iron Mountain	MI	49801

Purpose of Disbursement
Printing Banner

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

241.29

☒ Memo Item

Transaction ID : SB17.9987.7

c. Facebook, Inc

Mailing Address 1601 Willow Rd

City	State	Zip Code
Menlo Park	CA	94025

Purpose of Disbursement
Advertisement Internet

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

220.07

☒ Memo Item

Transaction ID : SB17.9987.8

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Staples - Traverse City

Mailing Address 2632 Crossing Circle

City	State	Zip Code
Traverse City	MI	49685

Purpose of Disbursement
Office Supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

304.19

☒ Memo Item

Transaction ID : SB17.9987.11

B. Charter Communications

Mailing Address PO Box 3019

City	State	Zip Code
Milwaukee	WI	53201

Purpose of Disbursement
Internet service

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2016

Amount of Each Disbursement this Period

64.98

☐ Memo Item

Transaction ID : SB17.9944

C. Clark Hill PLCMailing Address 601 Pennsylvania Ave NW
North Bldg. Suite 1000

City	State	Zip Code
Washington	DC	20004

Purpose of Disbursement
Legal Consulting/Mailing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2016

Amount of Each Disbursement this Period

3097.29

☐ Memo Item

Transaction ID : SB17.9389

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3162.29

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Clark Hill PLCMailing Address 601 Pennsylvania Ave NW
North Bldg. Suite 1000

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2016

Amount of Each Disbursement this Period

3000.00

☒ Memo Item

Transaction ID : SB17.9389.0

B. Clark Hill PLCMailing Address 601 Pennsylvania Ave NW
North Bldg. Suite 1000

City Washington State DC Zip Code 20004

Purpose of Disbursement
Courier & Messenger Service

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2016

Amount of Each Disbursement this Period

97.29

☒ Memo Item

Transaction ID : SB17.9389.1

C. Clark Hill PLCMailing Address 601 Pennsylvania Ave NW
North Bldg. Suite 1000

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2016

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Transaction ID : SB17.9754

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

--

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 66 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Clark Hill PLCMailing Address 601 Pennsylvania Ave NW
North Bldg. Suite 1000

City Washington State DC Zip Code 20004

Purpose of Disbursement
Legal Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Transaction ID : SB17.9858

B. Danwal, Inc

Mailing Address 12404 State Hwy 155 S

City Tyler State TX Zip Code 75703

Purpose of Disbursement
Signs

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2016

Amount of Each Disbursement this Period

4655.51

☐ Memo Item

Transaction ID : SB17.9935

C. DeLullo & Associates, LLCMailing Address 815 King Street
Ste 308

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Fundraising Printing

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2016

Amount of Each Disbursement this Period

3580.54

☐ Memo Item

Transaction ID : SB17.9375

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11236.05

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 67 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Marty Fittante

Mailing Address 1100 Westwood

City	State	Zip Code
Kingsford	MI	49802

Purpose of Disbursement
Reimbursement Transportation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2016

Amount of Each Disbursement this Period

16.38

☐ Memo Item**Transaction ID : SB17.9400****B. Floline Media**

Mailing Address PO Box 3731

City	State	Zip Code
Kingsford	MI	49802

Purpose of Disbursement
Website Updating

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2016

Amount of Each Disbursement this Period

200.00

☐ Memo Item**Transaction ID : SB17.9397****c. Floline Media**

Mailing Address PO Box 3731

City	State	Zip Code
Kingsford	MI	49802

Purpose of Disbursement
Website Developing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2016

Amount of Each Disbursement this Period

300.00

☐ Memo Item**Transaction ID : SB17.9755****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

516.38

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 68 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Floline Media

Mailing Address PO Box 3731

City	State	Zip Code
Kingsford	MI	49802

Purpose of Disbursement
Website Update

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2016

Amount of Each Disbursement this Period

37.50

☐ Memo Item

Transaction ID : SB17.9884

B. i360 LLC

Mailing Address PO Box 37046

City	State	Zip Code
Baltimore	MD	21297

Purpose of Disbursement
Subscription

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

1603.56

☐ Memo Item

Transaction ID : SB17.9980

c. Danny Laub

Mailing Address 11069 Elk Lake Rd

City	State	Zip Code
Williamsburg	MI	49690

Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2016

Amount of Each Disbursement this Period

824.72

☐ Memo Item

Transaction ID : SB17.9457

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2465.78

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Danny Laub

Mailing Address 11069 Elk Lake Rd

City	State	Zip Code
Williamsburg	MI	49690

Purpose of Disbursement
Mileage Reimbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2016

Amount of Each Disbursement this Period

507.65

☒ Memo Item

Transaction ID : SB17.9457.0

B. Danny Laub

Mailing Address 11069 Elk Lake Rd

City	State	Zip Code
Williamsburg	MI	49690

Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2016

Amount of Each Disbursement this Period

4027.51

☐ Memo Item

Transaction ID : SB17.9456

C. AT&T Mobility

Mailing Address PO Box 6416

City	State	Zip Code
Carol Stream	IL	60197

Purpose of Disbursement
Cell phone

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2016

Amount of Each Disbursement this Period

158.86

☒ Memo Item

Transaction ID : SB17.9456.0

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4027.51

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Danny Laub

Mailing Address 11069 Elk Lake Rd

City	State	Zip Code
Williamsburg	MI	49690

Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

Amount of Each Disbursement this Period

921.98

☐ Memo Item**Transaction ID : SB17.9789****B. Danny Laub**

Mailing Address 11069 Elk Lake Rd

City	State	Zip Code
Williamsburg	MI	49690

Purpose of Disbursement
Mileage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

Amount of Each Disbursement this Period

646.80

☒ Memo Item**Transaction ID : SB17.9789.4****C. AT&T Mobility**

Mailing Address PO Box 6416

City	State	Zip Code
Carol Stream	IL	60197

Purpose of Disbursement
Phone

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		11		2016

Amount of Each Disbursement this Period

158.86

☒ Memo Item**Transaction ID : SB17.9789.7****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

921.98

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Danny Laub

Mailing Address 11069 Elk Lake Rd

City	State	Zip Code
Williamsburg	MI	49690

Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2016

Amount of Each Disbursement this Period

4027.51

☐ Memo Item

Transaction ID : SB17.9803

B. Danny Laub

Mailing Address 11069 Elk Lake Rd

City	State	Zip Code
Williamsburg	MI	49690

Purpose of Disbursement
Expense Report Reimbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2016

Amount of Each Disbursement this Period

1013.13

☐ Memo Item

Transaction ID : SB17.9945

C. AT&T Mobility

Mailing Address PO Box 6416

City	State	Zip Code
Carol Stream	IL	60197

Purpose of Disbursement
Phone

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2016

Amount of Each Disbursement this Period

159.03

☒ Memo Item

Transaction ID : SB17.9945.0

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5040.64

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Danny Laub

Mailing Address 11069 Elk Lake Rd

City	State	Zip Code
Williamsburg	MI	49690

Purpose of Disbursement
Mileage

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2016

Amount of Each Disbursement this Period

804.65

☒ Memo Item

Transaction ID : SB17.9945.4

B. Danny Laub

Mailing Address 11069 Elk Lake Rd

City	State	Zip Code
Williamsburg	MI	49690

Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2016

Amount of Each Disbursement this Period

4027.51

☐ Memo Item

Transaction ID : SB17.9934

c. Marquette County Republican Party

Mailing Address P.O.Box 811

City	State	Zip Code
Marquette	MI	49855

Purpose of Disbursement
Transportation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2016

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Transaction ID : SB17.9398

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4277.51

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 73 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Nonbox

Mailing Address 5307 S 92nd St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2016

City	State	Zip Code
Hales Corners	WI	53130

Amount of Each Disbursement this Period

22470.70

Purpose of Disbursement
Advertising - TV RadioCategory/
Type☐ Memo Item**Transaction ID : SB17.9984**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Nonbox

Mailing Address 5307 S 92nd St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2016

City	State	Zip Code
Hales Corners	WI	53130

Amount of Each Disbursement this Period

8456.42

Purpose of Disbursement
Advertising TV RadioCategory/
Type☐ Memo Item**Transaction ID : SB17.10155**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

c. Linda Pfothenauer

Mailing Address PO Box 30036

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2016

City	State	Zip Code
Lansing	MI	48909

Amount of Each Disbursement this Period

1183.49

Purpose of Disbursement
Reimb Postage/EnvelopesCategory/
Type☐ Memo Item**Transaction ID : SB17.9450**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

32110.61

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Lansing Post Office Downtown

Mailing Address 315 W Allegan St

City	State	Zip Code
Lansing	MI	48933

Purpose of Disbursement
Postage Mailings

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 10 / 2016

Amount of Each Disbursement this Period

1141.30

☒ Memo Item

Transaction ID : SB17.9450.0

B. Jake Putala

Mailing Address 14701 Arnheim Rd

City	State	Zip Code
Pelkie	MI	49958

Purpose of Disbursement
Postage/Mailing Reimbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 03 / 2016

Amount of Each Disbursement this Period

371.10

☐ Memo Item

Transaction ID : SB17.9377

c. Baraga Post Office

Mailing Address 404 US Hwy 41 N

City	State	Zip Code
Baraga	MI	49908

Purpose of Disbursement
Postage

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
04 / 03 / 2016

Amount of Each Disbursement this Period

246.09

☒ Memo Item

Transaction ID : SB17.9377.3

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

371.10

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Jake Putala

Mailing Address 14701 Arnheim Rd

City	State	Zip Code
Pelkie	MI	49958

Purpose of Disbursement
Reimbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2016

Amount of Each Disbursement this Period

36.78

☐ Memo Item

Transaction ID : SB17.9615

B. Stephen Siddall

Mailing Address 6024 W Woods Dr

City	State	Zip Code
Empire	MI	49630

Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

Amount of Each Disbursement this Period

1579.06

☐ Memo Item

Transaction ID : SB17.9932

c. Ms. Judi Skradski

Mailing Address 2105 22nd Ave S

City	State	Zip Code
Escanaba	MI	49829

Purpose of Disbursement
Wages

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2016

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Transaction ID : SB17.9399

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2115.84

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Ms. Judi Skradski

Mailing Address 2105 22nd Ave S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		23		2016

City	State	Zip Code
Escanaba	MI	49829

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
WagesCategory/
Type☐ Memo Item**Transaction ID : SB17.9613**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. State of MI Dept of Treasury

Mailing Address PO Box 30324

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2016

City	State	Zip Code
Lansing	MI	48909

Amount of Each Disbursement this Period

526.96

Purpose of Disbursement
Payroll TaxesCategory/
Type☐ Memo Item**Transaction ID : SB17.9475**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. State of MI Dept of Treasury

Mailing Address PO Box 30324

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2016

City	State	Zip Code
Lansing	MI	48909

Amount of Each Disbursement this Period

244.38

Purpose of Disbursement
Payroll WithholdingCategory/
Type☐ Memo Item**Transaction ID : SB17.9954**

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1271.34

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. State of MI Unemployment Agency

Mailing Address 3024 W Grand Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2016

City	State	Zip Code
Detroit	MI	48202

Amount of Each Disbursement this Period

398.42

Purpose of Disbursement
Payroll TaxesCategory/
Type☐ Memo Item

Transaction ID : SB17.9473

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. US Treasury

Mailing Address PO Box 804522

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2016

City	State	Zip Code
Cincinnati	OH	45280

Amount of Each Disbursement this Period

4089.58

Purpose of Disbursement
Payroll TaxesCategory/
Type☐ Memo Item

Transaction ID : SB17.9477

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

c. US Treasury

Mailing Address PO Box 804522

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2016

City	State	Zip Code
Cincinnati	OH	45280

Amount of Each Disbursement this Period

2171.59

Purpose of Disbursement
941 QuarterlyCategory/
Type☐ Memo Item

Transaction ID : SB17.9805

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

6659.59

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. US Treasury

Mailing Address PO Box 804522

City	State	Zip Code
Cincinnati	OH	45280

Purpose of Disbursement
Payroll 941 deposit

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2016

Amount of Each Disbursement this Period

1917.99

☐ Memo Item

Transaction ID : SB17.9953

B. Verizon

Mailing Address PO Box 4002

City	State	Zip Code
Acworth	GA	30101

Purpose of Disbursement
Cell Phone

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		15		2016

Amount of Each Disbursement this Period

122.05

☐ Memo Item

Transaction ID : SB17.9538

c. Verizon

Mailing Address PO Box 4002

City	State	Zip Code
Acworth	GA	30101

Purpose of Disbursement
Phone

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		14		2016

Amount of Each Disbursement this Period

145.06

☐ Memo Item

Transaction ID : SB17.9804

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2185.10

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. Verizon

Mailing Address PO Box 4002

City	State	Zip Code
Acworth	GA	30101

Purpose of Disbursement
Phone

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2016

Amount of Each Disbursement this Period

122.10

☐ Memo Item

Transaction ID : SB17.9943

B. Victory Enterprises

Mailing Address 5200 SW 30th St

City	State	Zip Code
Davenport	IA	52802

Purpose of Disbursement
Signs

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

10375.00

☐ Memo Item

Transaction ID : SB17.9875

c. WWP Strategies

Mailing Address PO Box 24215

City	State	Zip Code
Lansing	MI	48909

Purpose of Disbursement
Campaign Consulting/Parking/Printing

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2016

Amount of Each Disbursement this Period

5175.00

☐ Memo Item

Transaction ID : SB17.9392

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

15672.10

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 80 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. WWP Strategies

Mailing Address PO Box 24215

City	State	Zip Code
Lansing	MI	48909

Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2016

Amount of Each Disbursement this Period

5000.00

☒ Memo Item

Transaction ID : SB17.9392.0

B. WWP Strategies

Mailing Address PO Box 24215

City	State	Zip Code
Lansing	MI	48909

Purpose of Disbursement
Conference Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2016

Amount of Each Disbursement this Period

60.00

☒ Memo Item

Transaction ID : SB17.9392.1

c. WWP Strategies

Mailing Address PO Box 24215

City	State	Zip Code
Lansing	MI	48909

Purpose of Disbursement
Parking Fee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2016

Amount of Each Disbursement this Period

31.00

☒ Memo Item

Transaction ID : SB17.9392.2

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 81 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. WWP Strategies

Mailing Address PO Box 24215

City	State	Zip Code
Lansing	MI	48909

Purpose of Disbursement
Printing

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		03		2016

Amount of Each Disbursement this Period

7900.00

☒ Memo Item

Transaction ID : SB17.9392.3

B. WWP Strategies

Mailing Address PO Box 24215

City	State	Zip Code
Lansing	MI	48909

Purpose of Disbursement
Print Media

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		25		2016

Amount of Each Disbursement this Period

2900.00

☐ Memo Item

Transaction ID : SB17.9701

c. WWP Strategies

Mailing Address PO Box 24215

City	State	Zip Code
Lansing	MI	48909

Purpose of Disbursement
Campaign Consulting

Candidate Name

Office Sought:	House
	Senate
	President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2016

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Transaction ID : SB17.9862

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7900.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 82 OF 108

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. WWP Strategies

Mailing Address PO Box 24215

City	State	Zip Code
Lansing	MI	48909

Purpose of Disbursement
Printing

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2016

Amount of Each Disbursement this Period

35425.15

☐ Memo Item

Transaction ID : SB17.9942

B. WWP Strategies

Mailing Address PO Box 24215

City	State	Zip Code
Lansing	MI	48909

Purpose of Disbursement
Mailer/Postage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2016

Amount of Each Disbursement this Period

19255.15

☐ Memo Item

Transaction ID : SB17.9938

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

54680.30

169146.47

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 83 OF 108

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

Casperson for Congress

Full Name (Last, First, Middle Initial)

A. THOMAS A CASPERSON

Mailing Address 4305 US 2-41

City ESCANABA	State MI	Zip Code 49829
------------------	-------------	-------------------

Purpose of Disbursement
Loan Repayment

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MI	District: 01

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
04 / 25 / 2016

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Transaction ID : SB19A.9703

Full Name (Last, First, Middle Initial)

B. THOMAS A CASPERSON

Mailing Address 4305 US 2-41

City ESCANABA	State MI	Zip Code 49829
------------------	-------------	-------------------

Purpose of Disbursement
Loan Repayment

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MI	District: 01

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y
04 / 25 / 2016

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Transaction ID : SB19A.9704

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

--

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

8000.00

8000.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 84 OF 108

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperperson for Congress

Transaction ID : SC/10.8178

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

THOMAS A CASPERSON

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4305 US 2-41

City	State	ZIP Code
ESCANABA	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>	<input type="text" value="0.00"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>	<input type="text" value="12/31/2016"/>	<input type="text" value="0.00"/> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value="0.00"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value="0.00"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value="0.00"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value="0.00"/>

SUBTOTALS This Period This Page (optional)..... ►

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 85 OF 108

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperperson for Congress

Transaction ID : SC/10.9338

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

THOMAS A CASPERSON

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4305 US 2-41

City

State

ZIP Code

ESCANABA

MI

49829

Original Amount of Loan

3000.00

Cumulative Payment To Date

3000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 31 / 2016

Date Due

M M / D D / Y Y Y Y
10/31/2016

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 86 OF 108

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.10170

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

THOMAS A CASPERSON

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4305 US 2-41

City

State

ZIP Code

ESCANABA

MI

49829

Original Amount of Loan

20000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

20000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 30 / 2016

Date Due

M M / D D / Y Y Y Y
/ 12/31/16

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

20000.00

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 87 OF 108

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperperson for Congress

Transaction ID : SC/10.4512

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Rep. Tom Casperperson

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="246.60"/>	<input type="text" value="200.00"/>	<input type="text" value="46.60"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 88 OF 108

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4429

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Rep. Tom Casperson

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan

45.02

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

45.02

TERMS

Date Incurred

M 04 / D 20 / Y 2007 Y

Date Due

M 09 / D 01 / Y 0011 Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

45.02

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 89 OF 108

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4433

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Rep. Tom Casperson

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="611.78"/>	<input type="text" value="0.00"/>	<input type="text" value="611.78"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 90 OF 108

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4434

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Rep. Tom Casperson

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="33.84"/>	<input type="text" value="0.00"/>	<input type="text" value="33.84"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 91 OF 108

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4495

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Rep. Tom Casperson

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
65.32	0.00	65.32

TERMS

Date Incurred

M 05 / D 18 / Y 2007 Y

Date Due

M 09 / D 01 / Y 0011 Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

65.32
<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4496

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Rep. Tom Casperson

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan

131.13

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

131.13

TERMS

Date Incurred

M / D / Y
05 / 18 / 2007

Date Due

M / D / Y
09 / 01 / 0011

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

131.13

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 93 OF 108

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4443

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Rep. Tom Casperson

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4305 US Hwy. 2 & 41City State ZIP Code
Escanaba MI 49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
33.84	0.00	33.84

TERMS

Date Incurred

M 07 / D 08 / Y 2007 Y

Date Due

M 09 / D 01 / Y 0011 Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

33.84

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 94 OF 108

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.4493

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Rep. Tom Casperson

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="40.00"/>	<input type="text" value="0.00"/>	<input type="text" value="40.00"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 95 OF 108

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.5010

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Rep. Tom Casperson

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

4305 US Hwy. 2 & 41

City

State

ZIP Code

Escanaba

MI

49829

Original Amount of Loan

2374.08

Cumulative Payment To Date

2000.00

Balance Outstanding at Close of This Period

374.08

TERMS

Date Incurred

M / D / Y
09 / 30 / 2007

Date Due

M / D / Y
09 / 01 / 0011

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

374.08

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 96 OF 108

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.5059

LOAN SOURCE Full Name (Last, First, Middle Initial)

Rep. Tom Casperson

☐ Memo Item

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

4305 US Hwy. 2 & 41

City

State

ZIP Code

Escanaba

MI

49829

Original Amount of Loan

1830.88

Cumulative Payment To Date

1170.68

Balance Outstanding at Close of This Period

660.20

TERMS

Date Incurred

M 12 / D 31 / Y 2007

Date Due

M 09 / D 01 / Y 0011

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

660.20

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 97 OF 108

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.5115

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Rep. Tom Casperson

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1807.40	0.00	1807.40

TERMS

Date Incurred

M 03 / D 31 / Y 2008

Date Due

M 09 / D 01 / Y 0011

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►

1807.40

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 98 OF 108

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.5127

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Rep. Tom Casperson

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

4305 US Hwy. 2 & 41

City

State

ZIP Code

Escanaba

MI

49829

Original Amount of Loan

788.78

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

788.78

TERMS

Date Incurred

M 03 / D 31 / Y 2008 Y

Date Due

M 09 / D 01 / Y 0011 Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

788.78

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 99 OF 108

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.5793

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Rep. Tom Casperson

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="25.00"/>	<input type="text" value="0.00"/>	<input type="text" value="25.00"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 100 OF 108

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperperson for Congress

Transaction ID : SC/10.5794

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Rep. Tom Casperperson

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4305 US Hwy. 2 & 41City State ZIP Code
Escanaba MI 49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19.54	0.00	19.54

TERMS

Date Incurred

M 06 / D 07 / Y 2008 Y

Date Due

M 09 / D 01 / Y 0011 Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

19.54

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 101 OF 108

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperperson for Congress

Transaction ID : SC/10.5800

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Rep. Tom Casperperson

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
39.41	0.00	39.41

TERMS

Date Incurred

M 06 / D 07 / Y 2008 Y

Date Due

M 09 / D 01 / Y 0011 Y

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

39.41

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 102 OF 108

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.6102

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Rep. Tom Casperson

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5046.47	0.00	5046.47

TERMS

Date Incurred

M 07 / D 16 / Y 2008

Date Due

M 09 / D 01 / Y 0011

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5046.47

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 103 OF 108

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperperson for Congress

Transaction ID : SC/10.6201

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Rep. Tom Casperperson

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="1274.62"/>	<input type="text" value="0.00"/>	<input type="text" value="1274.62"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 104 OF 108

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.6289

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Rep. Tom Casperson

Election: 2008

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="84.00"/>	<input type="text" value="0.00"/>	<input type="text" value="84.00"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 105 OF 108

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.7603

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Rep. Tom Casperson

Election: 2008

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="6271.09"/>	<input type="text" value="0.00"/>	<input type="text" value="6271.09"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 106 OF 108

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.7609

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Rep. Tom Casperson

Election: 2008

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2243.21	0.00	2243.21

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 15 / Y 2008	M 09 / D 01 / Y 0011	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)..... ►

2243.21

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 107 OF 108

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
Casperson for Congress

Transaction ID : SC/10.8061

LOAN SOURCE Full Name (Last, First, Middle Initial) **PERSONAL FUNDS** ☐ Memo Item

Rep. Tom Casperson

Election: 2008

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
4305 US Hwy. 2 & 41

City	State	ZIP Code
Escanaba	MI	49829

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="3198.67"/>	<input type="text" value="0.00"/>	<input type="text" value="3198.67"/>

TERMS

Date Incurred

 / /

Date Due

 / /

Interest Rate

 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►**TOTALS** This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 108 OF 108

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5129

Casperson for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Tom Casperson, State Representative

Election: 2008

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1601 Ludington St.

City

State

ZIP Code

Escanaba

MI

49829

Original Amount of Loan

160.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

160.00

TERMS

Date Incurred

M / D / Y
01 / 12 / 2008

Date Due

M / D / Y
09 / 01 / 0011

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

160.00

TOTALS This Period (last page in this line only)..... ►

43000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.